

Evaluation of Supplemental Educational Services (SES) PARENT SURVEY

Please complete this survey and return to: _____

School Name: _____

Name of Parent or Guardian: _____

Name of the Selected SES Provider: _____

For the following statements, please indicate your level of satisfaction.

Service Elements		Satisfactory	Unsatisfactory
1.	The services my child received met my expectations.		
2.	I was invited to participate in my child's services.		
3.	I received regular feedback (at least monthly) from the provider on how my child was progressing.		
4.	Services were offered on a consistent basis.		
5.	The teachers/tutors were well prepared and knowledgeable about my child's academic needs.		
6.	My child's privacy was respected while receiving these services.		

I recommend this provider for continued approval: **Yes** _____ **No** _____

Additional Comments:

Parent/Guardian Signature

Date